Obituary

British Heart Journal, 1970, 32, 264.

Charles Baker

Charles Gaffney Baker was born in June 1907. His father had retired from the army and was bursar at Eton College. Charles was educated at Christ's Hospital where two contemporaries in his house were Constant Lambert, the musician, and Michael Stewart, the present Foreign Secretary. Charles was keen on cricket and football and a good scrum-half but not distinguished scholastically, though later he worked harder and won a scholarship to Guy's Hospital in 1925.

He followed his Gaffney uncle by qualifying as a dental surgeon at Guy's but was not attracted to follow the profession. It was during this time that he attended many concerts and operas and visited many art galleries. Later, when he had a wide knowledge of French and Italian galleries also, he often said the National Gallery was the best he knew.



He turned to medicine and found his *métier*. After taking the Conjoint qualification in 1932 he held the usual house appointments at Guy's and was editor of the Hospital Gazette 1933-34, generally a sign of future success. He served as demonstrator of physiology, medical tutor to dental students, and medical registrar, taking the London M.B., B.S. in 1935, the M.R.C.P. the year after, and M.D. London a year later.

In 1938, he was appointed physician to Selly Oak Hospital, Birmingham, but in 1939 he joined the R.A.M.C. and served as medical specialist with the 11th General Hospital. He never told me, but I believe the successful evacuation of the hospital from St. Nazaire in June 1940 owed a good deal to his initiative. Afterwards he went with the hospital to Madagascar, Tripoli, and Italy, and became lieutenant-colonel in charge of a medical division and was awarded the O.B.E. (Military).

In 1946, he was called back to Guy's as assistant physician to the Hospital and cardiac department, where no one could have proved himself a more loyal colleague. It is remarkable how many positions Charles was asked to fill within a few years of his return to London, sub-dean to the medical school, warden of the college, secretary of the London Cardiological Club, as well as becoming an F.R.C.P. and a member of the British Cardiac Society and the Association of Physicians, serving on the councils of both these bodies.

He was a hard-working and competent sub-dean for 10 years until he took charge of the cardiac department. He remained warden of the college until his death. He got on well with the house-officers and others living in the college and generally managed to restrain excessive exuberance after 'going-off' dinners. His hospitality was notable and the warden's house was a frequent resort for men of all ages, from staff and old Guy's men to students. After a long day at Guy's I often had a glass of sherry with him there and when there was some evening cardiological meeting he always asked me to dine there before taking me to the meeting. With his

wide interests and knowledge of the students he was a popular teacher. His general teaching is well illustrated by four lectures on Old age, Wind, Smoking, and Confined to bed, published in the Guy's Hospital Gazette.

Even more important than these hospital activities, Charles was an excellent doctor with a wide knowledge of general medicine and a capacity for transferring something of his own gaiety and courage to his patients in their need. They could be sure of receiving great kindness and understanding.

Charles was secretary of the London Cardiological Club for 19 years, until his death, the only secretary the club has ever had except Parsons-Smith who served for 28 years. The club consisted of a small number of cardiologists in practice who met for an annual dinner in summer and about four times during winter at each other's houses for one to read a paper on some subject of clinical interest which all others present discussed in turn. Gradually as fewer members had large enough houses and more wanted to show slides we often met at the Institute of Cardiology or elsewhere.

The main work for the secretary was persuading members to read papers when it came round to their turn. Charles was a popular secretary and a connoisseur in arranging our dinners and wine. After dinner, to avoid encroaching on our times for medical discussions, we often discussed changes in the rules or general subjects like the inadequate pay of cardiological technicians, and Charles could be firm in closing the discussions when there had been enough.

Charles Baker's most important papers were on the results of valvotomy for mitral or aortic stenosis. He joined Brock and myself in 1950 to report the good results obtained in 6 of the first 8 patients operated on in Europe for mitral stenosis. They were good enough for the operation to be used for less advanced patients, and soon it was being performed everywhere.

We realized that when this paper was published we should be overwhelmed with many patients seeking relief by operation, and I asked Charles to take the main burden of this, as nearly all my time was needed for the patients with malformations of the heart. He agreed readily and kept records of all who had mitral valvotomy and saw that they came up regularly to follow their progress. It must have occupied much of his time for several years and was always well done.

Paul Wood joined the three of us for the second paper and Charles had the task of writing it. This was difficult as we all expected it to express our views. Finally we decided to spend an evening together at the warden's house to agree on a final text. We did not separate till after 2.0 a.m. and Charles argued his points strongly, especially with Paul Wood. This was characteristic of Charles who was kind and gentle until he was roused to fight fiercely for something he thought right. When Paul drove me home I was interested to find how much higher Charles stood in his estimation.

The 1955 and 1960 papers on later results were almost entirely Charles' work. In the former, 45 patients had been followed for three years or more, and in the latter, 200 had been followed for 6–11 years. 63 per cent maintained their good results for at least 6 years and only 3 per cent had lost ground in the sixth year. Everyone must agree that he had marshalled a mass of clinical and haemodynamic facts and expressed them clearly and succinctly.

Baker's three papers on the results of valvotomy for aortic stenosis (1956, 1959, and 1964), the two last with Jane Somerville, were equally lucid and informative. The results were reasonably good for younger patients with non-calcified valves, but much less so for those with calcified valves. Aortic stenosis has proved more difficult to relieve than mitral stenosis and no final solution has yet been reached. The discussion and conclusions in the third paper give a clear picture of the difficulties and the degree of success reached with open operation after 1958, when the technique of heart-lung bypass allowed the surgeon adequate time for repair. He did not discuss the insertion of artificial prostheses or of homograft aortic valves (D. N. Ross, Homocraft replacement of the aortic valve. 1962, Lancet, 2, 487).

The amount of work in following 400 patients of these two groups – and very few were lost sight of – did not leave much time for other writing; but Baker wrote important papers on Hodgkin's disease, the cough syndrome, and Ebstein's disease. He was also Consulting Cardiologist to Bromley Hospital and to Osborne House and a Vice-President of the Medical Defence Union.

Charles was a man of unusually wide interests, from opera and art to skiing and racing. He could freely quote much poetry, especially Shakespeare. He had learnt this as a child from his elder and only sister.

He was an enthusiast for music, especially opera, and frequantly visited Covent Garden and Glyndebourne. He knew a lot about pictures, both old masters and modern art. He was very fond of mountain walking. His

school friend Shuffrey told me about a walking-tour in the Dolomites when the weather was so unfavourable that they left to enjoy the architecture of Venice; but after two days Charles said they must return to the mountains, since 'they could enjoy Venice when they were old'.

He was an enthusiastic player of squash and real tennis. He enjoyed racing and rarely missed meetings at Ascot or the Grand National.

Skiing was an even greater interest and no accident deterred him. For many years he had taken parties to Switzerland for this. He made the arrangements for them all and they were known as Baker's tours.

Jean Bailey, the matron of the College, was generally among the party. In 1966 she and Charles were married. With their many shared interests Jean added enormously to his happiness in his last years.

No one at the Cardiological Club dinner in July could have guessed that Charles knew of the ordeal ahead of him. He told me later how much he had enjoyed winning what he rightly suspected was to be his last game of real tennis just before going into hospital. At my last visit to him at his home he was cheerful and discussed who should take his place as secretary of the Cardiological Club. The following Saturday he greatly enjoyed Verdi's Masked Ball at Covent Garden. Early on Tuesday morning he died. He had maintained his courage and gaiety to the end.

Maurice Campbell

Main publications

- 1939 Hodgkin's disease: a study of 65 cases (with W. N. Mann). Guy's Hospital Reports, 89, 83.
- 1949 Morbus coeruleus; a study of 50 cases after the Blalock-Taussig operation. (with R. C. Brock, M. Campbell, and S. Suzman). British Heart Journal, 11, 170.

 Arteriovenous aneurysm of the lung (with J. R. Trounce). British Heart Journal, 11, 109.

 The cough syndrome. Guy's Hospital Reports, 98, 132.
- 1950 Valvulotomy for mitral stenosis; report of six successful cases (with R. C. Brock, and M. Campbell). British Medical Journal, 1, 1283. Ebstein's disease (with W. D. Brinton and G. D. Channell). Guy's Hospital Reports, 99, 2247.
- 1952 Valvotomy for mitral stenosis: a further report on 100 cases (with R. C. Brock, M. Campbell, and P. Wood). British Medical fournal, 1, 1043.
- 1955 Mitral valvotomy: a follow-up of 45 patients for three years and over (with R. Brock and M. Campbell). British Medical Journal, 2, 983.
- 1956 The results of valvotomy for aortic stenosis (with M. Campbell). Lancet, 1, 171.
- 1959 Clinical features and surgical treatment of fifty patients with severe aortic stenosis (with Jane Somerville). Guy's Hospital Reports, 108, 101.
- 1960 Deterioration after mitral valvotomy (with W. E. Hancock). British Heart Journal, 22,
- 1961 Advances in cardiology. Practitioner, 187, 454.
- 1964 Results of surgical treatment of aortic stenosis (with Jane Somerville). British Medical Journal, 1, 197.